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APPLICANTS

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*NONE mp*

\*\* CONTINUING DATA \*\*\*\*\*

*NONE mp*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>mp</i>	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>mp</i>		

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TITLE

IMPROVED PROTECTIVE HOOD

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